

2365

A copy of this certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila BUREAU OF VITAL STATISTICS 129 State Index No. 499
 District of Globe SUPPLEMENT ATTACHED ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 216
 Town of _____ Local Registrar's No. _____
 or _____
 City of Globe (No. _____ St; _____ Ward)

FULL NAME OF CHILD H K Grant } Born } YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child M Twin, Triplet or other _____ and Number in order of birth 3 Legitimate? yes Date of Birth Aug 12 1912
 (Month) (Day) (Yr.)

FATHER
 Full Name H E Grant
 Residence Sailbay Blvd St
 Color or Race W Age at last Birthday 46 (Years)
 Birthplace Nova Scotia
 Occupation Carpenter

MOTHER
 Full Maiden Name May Richardson
 Residence Weatherland St.
 Color or Race W Age at last Birthday 35 (Years)
 Birthplace Ark
 Occupation Housewife

Number of child of this mother 5 Number of children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Aug 12 1912 at 119 A.M.
 { *When there is no attending physician or midwife, then the householder should make this return. }
 (Signature) R D Kennedy
 (Attending physician, midwife, householder*)

Given or christian name added from a supplemental report _____ 191____
 Address Globe

573-812-495
 COUNTY REGISTRAR.

Filed Aug 16 1912 B. G. Fox LOCAL REGISTRAR.
 Filed Sept 4 1912 * True Copy B. G. Fox COUNTY REGISTRAR.